Unannounced Medicines Management Inspection Report
14 September 2017

Clonlee

Type of Service: Nursing Home
Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET
Tel No: 028 9446 1166
Inspector: Helen Daly

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 53 beds that provides care for patients with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individuals:** Mrs Janet Montgomery & Ms Naomi Carey	**Registered Manager:** Mrs Perpetua Latta
Person in charge at the time of inspection: Mrs Perpetua Latta	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment Residential (RC) PH (E) - physical disability other than sensory impairment – over 65 years	**Number of registered places:** 53 There may be a maximum of 8 patients in category NH-PH, category RC-PH(E) for 1 identified individual only. The home is also approved to provide care on a day basis to 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 14 September 2017 from 10.25 to 14.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records, storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the completion of competency assessments, the management of one out of stock medicine, the management of distressed reactions and self-administered medicines.

One patient commented that the staff were great and always went “above and beyond.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

The term ‘patients’ is used to describe those living in Clonlee which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*3

* The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Perpetua Latta, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 April 2017.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with one patient, one care assistant, three registered nurses, the deputy manager and the registered manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record book

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 5 September 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered providers must ensure that medicines which require cold storage are stored at the correct temperature. Corrective action must be taken when temperatures outside the accepted range are observed.	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current temperatures were within the recommended range on most days. Registered nurses advised that corrective action was taken when necessary.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered providers must ensure that care staff record the administration of thickening agents.	**Met**
	Action taken as confirmed during the inspection: Care staff record the administration of thickening agents on the daily nutritional charts.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref:** Standard 28 **Stated:** Second time	It is recommended that the date of opening is recorded for all medicines to facilitate the audit process.	**Met**
	Action taken as confirmed during the inspection: The majority of medicines are opened on the first day of the medicines cycle and this was evident from the audit findings. It was acknowledged that recording the date of opening was therefore not necessary for medicines which are brought into use on the first day of the four week cycle. However, dates of opening had not been recorded on insulin, eye preparations and medicines which had been opened mid-cycle. Audits could not be completed and there was a chance that insulin and eye preparations could remain in use past their expiry. The registered manager advised that dates of opening would be recorded on these medicines from the date of the inspection onwards. Due to the assurances provided this area for improvement was assessed as met.	
Area for improvement 2 **Ref:** Standard 29 **Stated:** Second time	It is recommended that the management of medicines prescribed for the management of pain is reviewed and revised.	**Met**
	Action taken as confirmed during the inspection: Care plans for the management of pain were in place. These included details of prescribed medicines. There was evidence that they were reviewed regularly.	

Area for improvement 3 **Ref:** Standard 28 **Stated:** First time	The registered providers should ensure that competency assessments on the management of medicines are completed with all trained staff at regular intervals.	**Not met**
	Action taken as confirmed during the inspection: Whilst there was no evidence that formal competency assessments for registered nurses had been completed, the registered manager provided assurances that the staff were competent to perform their duties. The registered manager stated that she was aware that these competency assessments required completion; however, due to time constraints this had not yet occurred. This recommendation has not been met and is stated for a second time.	
Area for improvement 4 **Ref:** Standard 29 **Stated:** First time	The registered providers should ensure that a separate recording sheet is used to record blood glucose levels and the dose of insulin administered.	**Met**
	Action taken as confirmed during the inspection: Separate recording sheets are now used to record blood glucose levels and the dose of insulin administered.	
Area for improvement 5 **Ref:** Standard 29 **Stated:** First time	The registered providers should ensure that accurate daily fluid intake charts are maintained for all patients who receive fluids, nutrition and medicines via the enteral route.	**Met**
	Action taken as confirmed during the inspection: Detailed prescribing regimens were observed to be in place. In addition daily fluid intake charts were now being maintained. These correlated with the prescribed regimens.	

Area for improvement 6 **Ref:** Standard 28 **Stated:** First time	The registered providers should implement a robust audit tool to provide evidence that medicines are being administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: Monthly audits were being completed by the deputy manager. In addition a comprehensive quarterly audit was being carried out by the community pharmacist. Resultant action plans had been implemented.	
Area for improvement 7 **Ref:** Standard 28 **Stated:** First time	The registered providers should ensure that this Quality Improvement Plan is regularly reviewed as part of the quality improvement process.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that the QIP was reviewed regularly.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that medicines were managed by staff who have been trained and deemed competent to do so. She advised that training in medicines management is provided on a periodic basis and following any incidents. However, as detailed in Section 6.2 competency assessments on the management of medicines are not completed with all trained staff at regular intervals. An area for improvement was identified for the second time. The registered manager advised that care staff had received training and been deemed competent to administer thickening agents and emollient preparations within the last year.

Largely satisfactory systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. However, one medicine had been out of stock for five days. There was no evidence that registered nurses had tried to obtain the medicine over the weekend period. The medicine had been received into the home and had been administered on the day of the inspection. An area for improvement was identified.

In relation to safeguarding, the registered manager advised that she and the deputy manager had attended training provided by the Trust. They were aware of the regional procedures and who to report any safeguarding concerns to. Training for all staff was due to be carried out by the Operations Manager.

There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged. Obsolete personal medication records had been cancelled and archived.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. As discussed at the last medicines management inspection and detailed in Section 6.2 it was agreed that the date of opening would be recorded on insulin pens.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. A separate disposal book was being used for controlled drugs. This good practice was acknowledged.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. As discussed at the last medicines management inspection and detailed in Section 6.2 it was agreed that the date of opening would be recorded on limited shelf-life medicines to ensure that they do not remain in use after their expiry date.

Areas of good practice

There were examples of good practice in relation to management of medication changes and controlled drugs.

Areas for improvement

The registered providers should ensure that competency assessments on the management of medicines are completed with all trained staff at regular intervals.

The registered person shall review the management of out of stock medicines to ensure that doses are not omitted. Prompt corrective action must be taken.

	Regulations	Standards
Total number of areas for improvement	1	*1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

With the exception of one medicine which had been out of stock and the omission of one dose of a weekly prescribed medicine, the sample of medicines examined had been administered in accordance with the prescriber's instructions. These findings were discussed with the registered manager and registered nurses for corrective action.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due. This alert had not been in place for one weekly medicine which had been omitted (see above).

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Care plans were in place and there was evidence that these were reviewed regularly. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. A review of the daily care records indicated that the reason for and the outcome of administration had not been recorded. This practice had been in place at the last medicines management inspection but it had not been sustained. An area for improvement was identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff confirmed that a pain assessment tool is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessments were in place. Administration was being recorded on the daily nutrition charts. It was agreed that the required consistency level would also be recorded on these charts.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the standard of maintenance of the personal medication records and the supplementary recording sheets for antibiotics, insulin and warfarin.

Practices for the management of medicines were audited monthly by the deputy manager and quarterly by the community pharmacist. Samples of the audits were provided for inspection.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

The registered persons shall ensure that the reason for and outcome of each administration of medicines which are prescribed to be administered "when required" for distressed reactions is recorded.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Patients were facilitated to self-administer their medicines. However, detailed care plans were not in place and there was no record of the handover of the medicines to the patients. An area for improvement was identified.

The administration of medicines to patients had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One patient stated that the place was great and that staff went "above and beyond".

Of the questionnaires that were issued, two were returned from patients, one from a relative and two from staff. The responses indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines.

Areas of good practice

Staff listened to patients and relatives and took account of their views. Staff were knowledgeable about the patient's individual needs.

Areas for improvement

The registered persons shall review the management of self-administered medicines. Detailed care plans should be in place and records of handover to patients should be maintained.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The company's policies and procedures for the management of medicines were in place. These were not reviewed. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Medicine related incidents, reported since the last medicines management inspection, were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, the registered manager confirmed that she was aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the areas for improvement identified at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should continue to be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff either individually or via team meetings.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Perpetua Latta, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 14 October 2017	The registered person shall review the management of out of stock medicines to ensure that doses are not omitted.
	Response by registered person detailing the actions taken: On investigating the incident following the inspection, it was noted that the resident had been reviewed by the Parkinson Nurse and was to discontinue the drug. This had been the end stage of a long process of tritracting down the medication and the normal process of communication between staff had been overlooked. The drug had been reordered and commenced that morning of the 14th september. Following a discussion with nursing staff after this incident tigher protocols are in place.
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 28 **Stated:** Second time **To be completed by:** 14 October 2017	The registered providers should ensure that competency assessments on the management of medicines are completed with all trained staff at regular intervals.
	Response by registered person detailing the actions taken: As discussed at the inspection, all newly employed staff nurses complete an assessment over a period of a minimal of two weeks with their mentor (depending on their past experiences this could be up to 6 months) to deem their competency on administration of medicines. The supplying pharmacist also likes to assess the competency of the nurse prior to signing off. I feel that the nurses are very competent with the administration of medicines, but following this inspection an assessment will be built into a supervision practice
Area for improvement 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 14 October 2017	The registered persons shall review the management of distressed reactions as detailed in the report.
	Response by registered person detailing the actions taken: On the day of the inspection the staff nurse was asked to show evidence of the recording of the management of a distressed resident which she was unable to do as all residents are managed in such away that this does not occur, diazapem etc is administered at stated times and not as "when required".

Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 14 October 2017	The registered persons shall review the management of self-administered medicines as detailed in the report.
	Response by registered person detailing the actions taken: The residents careplan has been updated to reflect her self administering eye drops and a record of reciept of medication given to resident commenced.

Please ensure this document is completed in full and returned via web portal

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